

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000086140

Entity Name: LISSADE AND ASSOCIATES, INC.

FILED
Sep 21, 2005
Secretary of State

Current Principal Place of Business:

12550 BISCAYNE BLVD., #500
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12550 BISCAYNE BLVD., #500
NORTH MIAMI, FL 33181

New Mailing Address:

2020 NE 135TH ST
511
NORTH MIAMI, FL 33181

FEI Number: 65-0951893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LISSADE, FLORENCE
12550 BISCAYNE BLVD., SUITE 500
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FLORENCE LISSADE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LISSADE, FLORENCE
Address: 12550 BISCAYNE BLVD., SUITE 500
City-St-Zip: MIAMI, FL 33181

Title: S (X) Delete
Name: EDWARDS, NATASHA S
Address: 1251 NE 108TH STREET, #120
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCE LISSADE

D

09/21/2005

Electronic Signature of Signing Officer or Director

Date